

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

ANDERSON CLEMSON Shuttle  
SERVICES, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2008-23-T  
NUMBER: 2007-90-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JAMES GIBBS  
Address: 4124 CLEMSON Blvd STE 3  
ANDERSON SC 29621

Telephone: 864-226-9020  
Fax: 864-226-9660  
Other: 864-654-1050  
Email: James@clmsonshuttle.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Application - Class C Taxi   | <input checked="" type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)  |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input checked="" type="checkbox"/> Request to Amend Passenger Limit    |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request  |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit  |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                             |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter   |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                 |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                          |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                             |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                       |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                             |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                   |

RECEIVED

AUG 5 2008  
PSC SC  
DOCKETING DEPT.

# CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

RECEIVED

DATE: 8-31-2009

AUG 31 2009

I have the following Certificate:

PSC SC  
DOCKETING DEPT.

☒ Class C Taxi # 7916 ☒ Class C Charter # 7803 ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change** (Complete the additional document included with this form for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: \_\_\_\_\_ DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)

TO: \_\_\_\_\_ DBA: \_\_\_\_\_  
(New Name) (New DBA if applicable)

☒ **Scope of Authority - TAXI**  
From: ANDERSON, OCONOR, Pickens Counties To: Between Points & Places In SC.  
(Current Scope) (New Scope)

☒ **Passenger Limit**  
From: 1-7 PASSENGERS To: 8-15 PASSENGERS  
(Current Limit Number) (New Limit Number)

ANDERSON CLEMSON Shuttle Svc LLC  
(Name & DBA if applicable)

P.O. Box 6103  
(Street and/or Mailing Address)

ANDERSON SC 29623  
(City, State, Zip Code)

[Signature]  
(Signature)

864-226-9020  
(Telephone Number)

PRESIDENT / CEO  
(Title)